

PART B - FEE(S) TRANSMITTAL

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(Depositor's name)
 (Signature)
 (Date)

7590 02/22/2010
 Law Office Of Leland Wiesner
 1144 Aile Ave.
 Palo Alto, CA 94301

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,887	10/28/2003	Richard Meyer	00121-000600000	7792

TITLE OF INVENTION: METHOD AND SYSTEM FOR DYNAMIC EXPANSION AND CONTRACTION OF NODES IN A STORAGE AREA NETWORK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	05/24/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NAWAZ, ASAD M		2455	709-221000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.163)

☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
 1 Wiesner & Associates
 2 Leland Wiesner
 3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 1.11. Completion of this form is NOT a substitute for filing an assignment

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

NetApp, Inc. 495 E. Java Drive, Sunnyvale, CA 94089

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 1

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☒ Payment by credit card. Form ~~PTO/SA-108~~ is attached. xxx paid via EFS web
☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502217 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Leland Wiesner
 Typed or printed name Leland Wiesner

Date 5/24/2010
 Registration No. 39,424

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